NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE	25 FEB 77
FILE NO.	3190
SS NUMBER	069-24-3136
EMPLOYEE NUMBER	007667
ID CARD NUMBER	

TO: (Check)

X	CHIEF, CONTROL DIVISION, OP
	CHIEF, CONTRACT PERSONNEL DIVISION, OP
X	CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN:

REF. Form 2458 dated 1 Dec 76

OFFICIAL COVER: X ESTABLISHED / CANCELLED

STATUS: X STAFF / CONTRACT

UNIT: 99

SUBJECT: BUSTOS-VIDELA, CHARLOTTE Z.

DEPARTMENT OF STATE

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

X ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)

[X] BASIC COVER PROVIDED EOD EFFECTIVE DATE ______

[ ] OPERATIONAL COVER PROVIDED FOR ______ TDY ______ OTHER (Specify)

X SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HHB 20-7)

X SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HHB 20-11) 99

X SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)

X SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)

X EAA. CATEGORY I [ ] CATEGORY II [X]

X SUBMIT FORM 2688 FOR AGP HOSPITALIZATION CARD

CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)

EFFECTIVE DATE:

SUBMIT FORM 3254 ______ W-2 TO BE ISSUED (HHB 20-7)

SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ______ (HHB 20-7)

EAA: CATEGORY I [ ] CATEGORY II [ ]

RETURN ALL OFFICIAL DOCUMENTATION TO CCS

SUBMIT FORM 2688 FOR ______ HOSPITALIZATION CARD.

DO NOT WRITE IN THIS BLOCK

REMARKS AND/OR COVER HISTORY

27 Aug 51-Aug 62-Hqs-Overt
Aug 62-Jul 67-Hqs-DAC 99
Jul 67-10 Aug 72-Mexico-State-Nominal 99
1 Sep 72-27 Jun 74-Hqs-DAC 99
28 Jun 74-10 Nov 76-Trinidad-State-Int. 163
11 Nov 76-26 Feb 77-Hqs-State-Int. 99
27 Feb 77- -Hqs-State-Nominal 99

03

DISTRIBUTION:
COPY 1 - CD OR CPD
COPY 2 - OPERATING COMPONENT
COPY 3 - OS/SRD
COPY 4 - OC-O/D/TFB
COPY 5 - CCS-FILE

RP/SW

Geo. W. [signature] Jr.

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

FORM 6-75 1551 USE PREVIOUS EDITION. SECRET E-2, IMPDET CL BY: 006687 (13-20-43)

9/BR